

CENTRAL FAX CENTER

DEC 10 2004

# FAX TRANSMISSION

**DATE:** December 10, 2004

**PTO IDENTIFIER:** Application Number 10/073644-Conf. #6293

Patent Number

**Inventor:** Debra HUDSON et al.

**MESSAGE TO:** US Patent and Trademark Office

**FAX NUMBER:** (703) 872-9906

**FROM:** LAHIVE & COCKFIELD, LLP

Jeanne M. DiGiorgio

**PHONE:** (617) 227-7400

**Attorney Dkt. #:** MXI-211

**PAGES (Including Cover Sheet):** 13

**CONTENTS:** Amendment Transmittal (1 page) (in duplicate)  
Supplemental Amendment (7 pages)  
Declaration Pursuant to 37 CFR §21 (2 pages)  
Certificate of Transmission (1 page)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (617) 227-7400 and send the original transmission to us by return mail at the address below

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

**LAHIVE & COCKFIELD, LLP**

28 State Street, Boston, Massachusetts 02109

Telephone: (617) 227-7400 Facsimile: (617) 742-4214

RECEIVED  
CENTRAL FAX CENTER

DEC 10 2004

PTO/SB/07 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031

U. S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application No. (if known): 10/073644

Attorney Docket No.: MXI-211

## Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on December 10, 2004  
Date

  
Signature

Jeanne M. DiGiorgio

Typed or printed name of person signing Certificate

41,710  
Registration Number, if applicable

(617) 227-7400  
Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Amendment Transmittal (1 page) (in duplicate)  
Supplemental Amendment (7 pages)  
Declaration Pursuant to 37 CFR §21 (2 pages)  
Certificate of Transmission (1 page)

**RECEIVED**  
**CENTRAL FAX CENTER**

DEC 10 2004

<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. MXI-211	
Application No. 10/073644-Conf. #6293	Filing Date February 11, 2002	Examiner M. A. Belyavskiy	Art Unit 1844		
Applicant(s): Debra HUDSON et al.					
Invention: HUMAN MONOCLONAL ANTIBODIES TO FC ALPHA RECEPTOR (CD89)					
<b>TO THE COMMISSIONER FOR PATENTS</b> Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	32	- 51 =		x	
<b>Independent Claims</b>	6	- 8 =		x	
Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					
<input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span> <input type="checkbox"/> No additional fee is required for this amendment <input type="checkbox"/> Please charge Deposit Account No. <u>12-0080</u> in the amount of \$ _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>12-0080</u> as described below. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
<i>Jeanne M. DiGiorgio</i> Jeanne M. DiGiorgio Attorney Reg. No.: 44,710				Dated: <u>December 10, 2004</u>	
LAHIVE & COCKFIELD, LLP 28 State Street Boston, Massachusetts 02109 (617) 227-7400					
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no (703) 872-9306 at MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below Dated: December 10, 2004 Signature: <i>Jeanne M. DiGiorgio</i> (Jeanne M. DiGiorgio)					

CENTRAL FAX CENTER

DEC 10 2004

AMENDMENT TRANSMITTAL LETTER				Docket No. MXI-211	
Application No. 10/073644-Conf. #6293		Filing Date February 11, 2002		Examiner M. A. Belyavskiy	
				Art Unit 1644	
Applicant(s): Debra HUDSON et al.					
Invention: HUMAN MONOCLONAL ANTIBODIES TO FC ALPHA RECEPTOR (CD89)					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	32	- 51 =		x	
<b>Independent Claims</b>	6	- 8 =		x	
Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					
<input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. <u>12-0080</u> in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>12-0080</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
<u><i>Jeanne M. DiGiorgio</i></u> Jeanne M. DiGiorgio Attorney Reg. No.: 44-710				Dated: <u>December 10, 2004</u>	
LAHIVE & COCKFIELD, LLP 28 State Street Boston, Massachusetts 02109 (617) 227-7400					
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 872-9306 at MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. Dated December 10, 2004 Signature: <u><i>Jeanne M. DiGiorgio</i></u> (Jeanne M. DiGiorgio)					

CENTRAL FAX CENTER

DEC 10 2004

Docket No.: MXI-211  
(PATENT)

I hereby certify that this correspondence is being transmitted by facsimile to facsimile number 703-672-9306 at MS AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: December 10, 2004

Signature

  
Elaine M. O'Gergo

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Debra Hudson, *et al.*

Application No.: 10/073644

Group Art Unit: 1644

Filed: February 11, 2002

Examiner: M. Belyavskyi

For: HUMAN MONOCLONAL ANTIBODIES TO  
FC ALPHA RECEPTOR (CD89)

**SUPPLEMENTAL AMENDMENT AND RESPONSE**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Supplemental to the response filed on October 27, 2004, Applicants provide the following amendments and remarks. For purposes of this supplemental response, Applicants assume that the response filed on October 27, 2004 has been entered. Please amend the above-identified application as follows: